

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014767

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **3000**
FILED MAY 2 1963Primary Registration District No. **3000**Registrar's No. **145**

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		c. CITY OR TOWN Kirksville	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirk. Osteopathic		d. STREET ADDRESS (If outside, give location) 303 South 4th.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARTHA S. HUTCHINSON		4. DATE OF DEATH Month April Day 19 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-3-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and state or country) Sandyville, W. Va.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Alfred Sayre		13b. MOTHER'S MAIDEN NAME Elizabeth Seckman	
14. NAME OF HUSBAND OR WIFE Thomas J. Hutchinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Leslie Bladsoe, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertolic pneumonia DUE TO (b) Fracture left hip DUE TO (c) Senile osteoporosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Carcinoma left ear		INTERVAL BETWEEN ONSET AND DEATH 10 days 12 days year	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient lived alone. Fell in her home		21. I attended the deceased from Jan 2, 1963 to April 19, 1963 last saw her alive on April 19, 1963 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Chas. Reemney MD.		22b. ADDRESS 800 W. Jefferson St.	
22c. DATE SIGNED 4-17-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-21-1963		23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	
23d. LOCATION (City and state or county) Kirksville, Missouri		24. FUNERAL DIRECTOR Davis and Davis, Kirksville, Mo.	
25. DATE RECD. BY LOCAL REG. 4-26-1963		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

SA JUL 23 1963

IRA C. FARMNEY, D.O.

No permit issued

OCT 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No.

4219

P. O. Address

Kirkville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.